

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90194 009 \*\*\*\*61.25

**DOCUMENT # N97000002422**

1. Corporation Name

**FLORIDA CHAMPION TREE PROJECT, INC.**

138341 - 90194 - 9

Principal Place of Business

115 W. OLYMPIA AVE.  
PUNTA GORDA FL 33950

Mailing Address

1283 RANCHETTE ROAD  
WEST PALM BEACH FL 33415  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/30/1997

4. FEI Number  
31-1526112

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MOCK, TERRY  
1283 RANCHETTE ROAD  
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME MILARCH, DAVID M  
STREET ADDRESS 932 PANDA RD.  
CITY-ST-ZIP S. VENICE FL 34293

TITLE DV ☐ DELETE  
NAME MOCK, TERRY  
STREET ADDRESS 1283 RANCHETTE RD.  
CITY-ST-ZIP W. PALM BEACH FL 33415

TITLE DSTB ☒ DELETE  
NAME ENHAM, ZAN  
STREET ADDRESS 2414 NASSAU ST.  
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DS ☐ Change ☒ Addition  
1.2 NAME McLeod, Patti  
1.3 STREET ADDRESS 13975 Pembroke Road  
1.4 CITY-ST-ZIP Pembroke Pines, FL 33027

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE DT ☐ Change ☒ Addition  
3.2 NAME Sears, Robert  
3.3 STREET ADDRESS 18096 Taylor Road  
3.4 CITY-ST-ZIP Jupiter, FL 33478

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 561/683-3278

CR2E037 (1/98)